

## Fill in this information to identify the case:

Debtor Mode Eleven Bancorp

United States Bankruptcy Court for the: \_\_\_\_\_ District of Wyoming  
(State)

Case number 25-20240  
(If known)

☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

## 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address  
Board of Governors of the Federal Reserve System

Attn: Richard M. Ashton; Jason Gonzalez  
20th & C Street, N.W.  
Washington, D.C. 20551

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ For notice only

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

Priority amount

2.2 Priority creditor's name and mailing address  
FDIC - San Francisco Regional Office

25 Jessie Street at Ecker Square, Suite 2300  
San Francisco, CA 94105-2780

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ For notice only

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
- ☐ Yes

2.3 Priority creditor's name and mailing address  
Federal Reserve Bank of Kansas City

1 Memorial Drive  
Kansas City, Missouri 64198

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ For notice only

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Part 1.

Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
2.4	<div><div>Priority creditor's name and mailing address</div><div><div>Idaho State Tax Commission</div><div>11321 W. Chinden Blvd.</div><div>Boise, ID 83714-1021</div></div><div><div>Date or dates debt was incurred</div><div></div></div><div><div>Last 4 digits of account number</div><div></div></div><div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</div></div></div>	<div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Basis for the claim:</div><div></div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div>	<div><div>\$ For notice only</div><div></div></div> <div><div>\$</div><div></div></div>
2.5	<div><div>Priority creditor's name and mailing address</div><div><div>Internal Revenue Service</div><div>PO Box 7346</div><div>Philadelphia, PA 19101-7346</div></div><div><div>Date or dates debt was incurred</div><div></div></div><div><div>Last 4 digits of account number</div><div></div></div><div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</div></div></div>	<div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Basis for the claim:</div><div></div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div>	<div><div>\$ For notice only</div><div></div></div> <div><div>\$</div><div></div></div>
2.6	<div><div>Priority creditor's name and mailing address</div><div><div>Massachusetts Department of Revenue Collections Bureau/Bankruptcy Unit</div><div>P. O. Box 7090</div><div>Boston, MA 02204-7090</div></div><div><div>Date or dates debt was incurred</div><div></div></div><div><div>Last 4 digits of account number</div><div></div></div><div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</div></div></div>	<div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Basis for the claim:</div><div></div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div>	<div><div>\$ For notice only</div><div></div></div> <div><div>\$</div><div></div></div>
2.7	<div><div>Priority creditor's name and mailing address</div><div><div>Montana Department of Revenue ATTN Bankruptcy</div><div>PO Box 7701</div><div>Helena, MT 59604-7701</div></div><div><div>Date or dates debt was incurred</div><div></div></div><div><div>Last 4 digits of account number</div><div></div></div><div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</div></div></div>	<div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Basis for the claim:</div><div></div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div>	<div><div>\$ For notice only</div><div></div></div> <div><div>\$</div><div></div></div>

Part 1.

Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
2.8	<div><div>Priority creditor's name and mailing address</div><div><div>Nevada Department of Taxation 3850 Arrowhead Dr. Carson City, NV 89706</div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )</div></div><div><div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div><div>Basis for the claim:</div><div>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div></div></div> <div><div>\$ For notice only</div><div>\$</div></div>		
2.9	<div><div>Priority creditor's name and mailing address</div><div><div>New Jersey Dept. of Treasury, Division of Taxation 3 John Fitch Way, 5th Floor PO Box 245 Trenton, NJ 08695-0245</div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )</div></div><div><div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div><div>Basis for the claim:</div><div>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div></div></div> <div><div>\$ For notice only</div><div>\$</div></div>		
2.10	<div><div>Priority creditor's name and mailing address</div><div><div>New York State Dept. of Taxation and Finance Bankruptcy Section PO Box 5300 Albany NY 12205-0300</div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )</div></div><div><div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div><div>Basis for the claim:</div><div>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div></div></div> <div><div>\$ For notice only</div><div>\$</div></div>		
2.11	<div><div>Priority creditor's name and mailing address</div><div><div>Office of the Comptroller of the Currency Special Supervision Division 400 7th Street, S.W. Washington, D.C. 20219</div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )</div></div><div><div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div><div>Basis for the claim:</div><div>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div></div></div> <div><div>\$ For notice only</div><div>\$</div></div>		

Part 1.

Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount	
2.12	<div><div>Priority creditor's name and mailing address</div><div><div>Wyoming Department of Revenue</div><div>122 W 25th St</div><div>Cheyenne, WY 82002</div></div><div><div>Date or dates debt was incurred</div><div></div></div><div><div>Last 4 digits of account number</div><div></div></div><div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</div></div></div>	<div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Basis for the claim:</div><div></div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div>	<div>\$ For notice only</div> <div></div>	<div>\$</div> <div></div>
2.____	<div><div>Priority creditor's name and mailing address</div><div><div></div><div></div><div></div></div><div><div>Date or dates debt was incurred</div><div></div></div><div><div>Last 4 digits of account number</div><div></div></div><div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</div></div></div>	<div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Basis for the claim:</div><div></div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div>	<div>\$</div> <div></div>	<div>\$</div> <div></div>
2.____	<div><div>Priority creditor's name and mailing address</div><div><div></div><div></div><div></div></div><div><div>Date or dates debt was incurred</div><div></div></div><div><div>Last 4 digits of account number</div><div></div></div><div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</div></div></div>	<div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Basis for the claim:</div><div></div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div>	<div>\$</div> <div></div>	<div>\$</div> <div></div>
2.____	<div><div>Priority creditor's name and mailing address</div><div><div></div><div></div><div></div></div><div><div>Date or dates debt was incurred</div><div></div></div><div><div>Last 4 digits of account number</div><div></div></div><div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</div></div></div>	<div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Basis for the claim:</div><div></div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div>	<div>\$</div> <div></div>	<div>\$</div> <div></div>

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> Baker Donelson 100 Light Street Baltimore, MD 21202  Date or dates debt was incurred 5/1/2025 Last 4 digits of account number 0 0 0 2	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$72,920.00
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> Ballard Spahr LLP PO Box 825470 Philadelphia, PA 19182-5470  Date or dates debt was incurred 3/26/2025 Last 4 digits of account number 0 5 0 0	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$11,756.50
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> Dmitry Kochnev PO Box 88678 Milwaukee, WI 53288-8678  Date or dates debt was incurred 6/1/2022 Last 4 digits of account number N/A	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Dividend and Interest Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 44,833.69
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> Eide Bailly PO Box 88678 Milwaukee WI 53288-8678  Date or dates debt was incurred 4/30/2024 Last 4 digits of account number 0 9 9 2	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 24,255
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> Employment Development Department of California PO Box 826880, 94280 Sacramento, CA 94280-0001  Date or dates debt was incurred 04/2022 - 9/2023 Last 4 digits of account number N/A	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Penalty and Interest Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 49,551.96
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> Forrest Gilman 77 South Birch Road, Apt. 15D Fort Lauderdale, FL 33316  Date or dates debt was incurred 6/1/2022 Last 4 digits of account number N/A	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Dividend and Interest Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 28,918.04

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	<b>Nonpriority creditor's name and mailing address</b> GSM Marketing LLC  4600 Touchton Rd #1150 Jacksonville, FL 32246  Date or dates debt was incurred Unknown Last 4 digits of account number Unknown	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: Services  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 390.00
3.8	<b>Nonpriority creditor's name and mailing address</b> Marshall Dennehey  2000 Market St., Ste 2300 Philadelphia PA 19103  Date or dates debt was incurred Unknown Last 4 digits of account number Unknown	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,922.50
3.9	<b>Nonpriority creditor's name and mailing address</b> Miller Family Trust utd 11/23/2010  2361 Villandry Ct. Henderson, NV 89074  Date or dates debt was incurred 6/1/2022 Last 4 digits of account number N/A	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Dividend and Interest  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 57,038.76
3.10	<b>Nonpriority creditor's name and mailing address</b> Nexo Inc.  89 Nexus Way, Camana Bay Grand Cayman, Cayman Islands KY1-9099  Date or dates debt was incurred 2/1/2022 Last 4 digits of account number N/A	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Stock Purchase  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.11	<b>Nonpriority creditor's name and mailing address</b> Nison Aronov  300 Wembley Court Atlanta, GA 30328  Date or dates debt was incurred 6/1/2022 Last 4 digits of account number N/A	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Dividend and Interest  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 44,833.69

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
3.12	<div>Nonpriority creditor's name and mailing address</div> <div>Paychex</div> <div>970 Lake Carillon Drive, Ste: 400 &amp; 500</div> <div>St. Petersburg, FL 33716</div> <div>Date or dates debt was incurred5/19/2022</div> <div>Last 4 digits of account number2038</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div><input type="checkbox"/> Liquidated and neither contingent nor disputed</div> <div>Basis for the claim: Services</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	\$ 33,651.06
3.13	<div>Nonpriority creditor's name and mailing address</div> <div>Summit National Bank</div> <div>PO Box 98</div> <div>Hulett, WY 82720</div> <div>Date or dates debt was incurred6/1/2022</div> <div>Last 4 digits of account numberN/A</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim: Shared Services</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	\$ 311,094.29
3.14	<div>Nonpriority creditor's name and mailing address</div> <div>Washington Department of Labor and Industries</div> <div>7273 Linderson Way SW</div> <div>Tumwater, WA 98501</div> <div>Date or dates debt was incurred3/1/2023</div> <div>Last 4 digits of account numberN/A</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Basis for the claim: PEO Costs</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	\$ 239.07
3.	<div>Nonpriority creditor's name and mailing address</div> <div></div> <div></div> <div></div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	\$
3.	<div>Nonpriority creditor's name and mailing address</div> <div></div> <div></div> <div></div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	\$

## Part 3:

## List Others to Be Notified About Unsecured Claims

4. **List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Baker & McKenzie LLP Attn: Ian Shelton and Ted Schweinfurth 800 Capitol St., Suite 2100 Houston, TX 77002	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____	N/A ____ _
4.2. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.1. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _



## Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

## 5. Add the amounts of priority and nonpriority unsecured claims.

## Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 0.00

5b. Total claims from Part 2

5b.

+

\$ 685,404.56

5c. Total of Parts 1 and 2

5c.

\$ 685,404.56

Lines 5a + 5b = 5c.